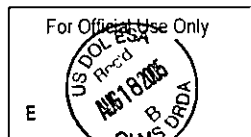


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>10087</b>	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name <b>LYDIA MATIAS</b>  P.O. Box, Bldg. Room No., if any  Street <b>3135 JOHNSON AVENUE</b>  City <b>RIVERDALE</b>  State <b>New York</b> ZIP Code + 4 <b>10463</b>	4. Name, file number, and address of labor organization.  Name <b>LOCAL 3127 UBCJA</b>  Labor Organization File Number <b>041352</b>  P.O. Box, Building and Room Number, if any <b>SUITE 1300</b>  Street <b>230 WEST 41ST STREET</b>  City <b>NEW YORK</b>  State <b>New York</b> ZIP Code + 4 <b>10036</b>
5. Position in labor organization. <b>SECRETARY/TREASURER</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u><i>Lydia Matias</i></u>	On <u>8/12/2005</u> Date	<u>212 840-8484</u> Telephone Number

Name of Person Filing LYDIA MATAS	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name LOCAL 3127 PENSION FUND</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any SUITE 1300</p> <p>Street 230 WEST 41ST STREET</p> <p>City NEW YORK</p> <p>State New York ZIP Code + 4 10036</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name LOCAL 3127 PENSION FUND</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any SUITE 1300</p> <p>Street 230 WEST 41ST STREET</p> <p>City NEW YCRK</p> <p>State New Ycrk ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>LYDIA MATIAS IS A TRUSTEE OF THE PENSION FUND. SHE IS ALSO THE SECRETARY/TREASURER AND AN EMPLOYEE OF LOCAL 3127 UBCJA, WHICH IS THE LABOR UNION THAT ADMINISTERS THE LOCAL 3127 PENSION FUND.</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>NO INCOME WAS RECEIVED. LYDIA MATIAS RECEIVED REIMBURSEMENT OF CONFERENCE EXPENSES WHICH SHE ADVANCED AS NEITHER ENTITY POSSESSES A BUSINESS CREDIT CARD.</p>
	<p>12.b. Amount. \$6,082</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing LYDIA MATAS

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name AMALGAMATED BANK</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 15 UNION SQUARE</p> <p>City NEW YORK</p> <p>State New York ZIP Code + 4 10003</p>	<p>9. Business deals with</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name</p> <p>Name AMALCAMTED BANK</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 15 UNION SQUARE</p> <p>City NEW YORK</p> <p>State New York ZIP Code + 4 10003</p>	<p>11.a. Nature of such dealing.</p> <p>INVESTMENT ADVISOR AND CUSTODIAN BANK FOR THE LOCAL 3127 PENSION FUND.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>LYDIA MATIAS RECEIVED A HOLIDAY GIFT FROM THE BANK AT CHRISTMAS.</p> <p>12.b. Amount. \$38</p>

Name of Person Filing LYDIA MATAS	File Number U-
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**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name A. R. SCHMEIDLER &amp; CO.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 555 5TH AVENUE</p> <p>City NEW YORK</p> <p>State New York ZIP Code + 4 10017</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name A. R. SCHMEIDLER &amp; CO.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 555 5TH AVENUE</p> <p>City NEW YCRK</p> <p>State New York ZIP Code + 4 10017</p>	<p>11.a. Nature of such deal ng.</p> <p>THIS COMPANY IS ALSO AN INVESTMENT ADVISOR FOR THE LOCAL 3127 PENSION FUND.</p> <hr/> <p>11.b. Approximate dollar value of such dealing.</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>LYDIA MATIAS RECEIVED A HOLIDAY GIFT BASKET FROM THE COMPANY AT CHRISTMAS. THE VALUE OF THE GIFT IS UNKNOWN, BUT IS ASSUMED TO BE LESS THAN \$200.</p> <hr/> <p>12.b. Amount.</p>

Name of Person Filing LYDIA MATAS

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name HAMPTON GRAPHICS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO BOX 600

Street

City HOPATCONG

State New Jersey ZIP Code + 4 07843

9. Business deals with:

a. Labor Organization

b. Trust

☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name HAMPTON GRAPHICS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO BOX 600

Street

City HOPATCONG

State New Jersey ZIP Code + 4 07843

11.a. Nature of such dealing.

THIS COMPANY DOES PRINTING WORK FOR THE LOCAL 3127 UBCJA.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

LYDIA MATIAS RECEIVED A HOLIDAY GIFT BASKET FROM THE COMPANY AT CHRISTMAS. THE VALUE OF THE GIFT IS UNKNOWN, BUT IS ASSUMED TO BE LESS THAN \$200.

12.b. Amount.